STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUSPENSION OR REVOCATION OF THE LICENSE OF	Administrative Action
GEORGE DENDRINOS, M.D. **License No. MA 67899**	**FINAL ORDER GRANTING SUMMARY DECISION**
TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF NEW JERSEY	

This matter was opened to the New Jersey State Board of Medical Examiners (the "Board") upon the filing of an Administrative Complaint by the Attorney General of New Jersey, by John Miscione, Deputy Attorney General, on July 19, 2007. The single-count complaint alleged that respondent George Dendrinos, M.D., engaged in sexual intercourse with patient ED in violation of N.J.A.C. 13:35-6.3(c), which constitutes gross or repeated malpractice pursuant to N.J.S.A. 45:1-21(c) or (d) or professional misconduct pursuant to N.J.S.A. 45:1-21(e) and a violation of N.J.S.A. 45:1-21(h). Specifically, the complaint alleged that respondent began treating ED in April 1999, with a preliminary diagnosis of anxiety and depression, and wrote ED a prescription for Zoloft. Respondent saw ED at eight office visits between April and October 1999. The complaint further alleged that many of these visits were "psych visits" and, in addition to Zoloft, respondent wrote a prescription for ten Xanax pills at one visit. Further, the complaint alleged that in October 1999, ED stopped by respondent's office for a referral. When respondent noticed ED was crying, respondent invited ED into a treatment room. ED told respondent she was attracted

to him and initiated physical contact by sitting on his lap. It is alleged that at some point following, respondent and ED began a sexual relationship, and frequently had sexual intercourse in respondent's office after normal office hours. The sexual relationship lasted until December 2000. The complaint alleges that respondent attempted to end the patient-physician relationship on December 24, 1999 by giving ED her medical records, after treating her for respiratory problems, but that respondent never properly terminated his treatment of ED. Further, the complaint alleges that respondent provided medical care to ED out of the office on two occasions after December 24, 1999. In addition, respondent had sexual intercourse with ED on multiple occasions while ED was his patient and during a period before two years had elapsed from his last rendered professional service to ED. The complaint concludes with a demand for an order permanently revoking, suspending or otherwise limiting respondent's license, assessing penalties, costs of investigation and attorneys' fees, and directing other relief as the Board deems equitable.

Respondent, represented by Carl D. Poplar, Esq., filed an answer with the Board on September 26, 2007. Respondent admitted that he began treating ED in or about April 1999 and that ED was diagnosed and treated for anxiety and depression for which he prescribed Zoloft. Respondent also admitted that he saw ED in his office eight times between April and October 1999. He admitted that in October 1999 ED came to the office to pick up a referral, entered a consultation room because respondent noticed she was crying, and told respondent she was attracted to him and sat on his lap. Respondent admitted that he began a sexual relationship with ED shortly after the encounter in October 1999 and that in the following months, he and ED frequently had sexual intercourse in respondent's office after normal office hours. In addition, respondent admitted that he had

sexual intercourse with ED on multiple occasions while ED was his patient and during a period before two years had elapsed since the last professional service rendered to ED, and that the relationship continued until December 2000. Respondent denied, however, failing to properly terminate the treatment regimen of ED. He asserted that on or about December 24, 1999, respondent gave ED her medical records and advised her to seek out the services of another physician. Respondent also admitted that subsequent to November 24, 1999 [sic], he removed a small piece of glass from ED's foot, and on another occasion, respondent gave ED medicine for a cough about which she complained. In addition, respondent admitted that he engaged in sexual intercourse with ED in violation of N.J.A.C. 13:35-6.3(c) but denied there was gross or repeated malpractice or professional misconduct under N.J.S.A. 45:1-21(c), (d), (e) and (h). By way of mitigation, respondent stated that he terminated his medical treatment regimen with ED in or about December 1999. He also stated that he had an ongoing personal relationship with ED subsequent to thirty (30) days past the rendition of the last professional service rendered to ED, including a sexual relationship at a time when both respondent and ED were separated from their respective spouses. In addition, respondent stated that ED, at the suggestion of respondent, was under the care and/or treatment and/or consultation with a psychologist, ongoing during the time of the personal relationship between respondent and ED.

On or about October 12, 2007, respondent filed a Substitution of Counsel with the Board, indicating that Mr. Poplar had been replaced by Robert Conroy, Esq. of Kern Augustine Conroy & Schoppmann, PC.

On or about December 7, 2007, the Attorney General filed a motion for summary decision in this matter pursuant to N.J.A.C. 1:1-12.5(a), asserting that there were no

material issues of fact to be decided at a hearing. The Attorney General's brief listed twelve material facts, citing to respondent's answer and a transcript of his March 1, 2006 appearance before a Preliminary Evaluation Committee of the Board, provided as part of the Attorney General's appendix. The facts, as set forth in the brief, are as follows (citations omitted):

> 1. Respondent is currently licensed to practice medicine and surgery in New Jersey, and has been licensed to do so at all pertinent times. He is board certified in family medicine.
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> 2. Since May 2001 and at all pertinent times, Respondent has been practicing at Dendrinos Medical Associates, in Vineland, New Jersey.
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> 3. Respondent appeared and testified under oath before a Preliminary Evaluation Committee of the Board on March 1, 2006.
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> 4. ED, a married adult female, was first treated by Respondent at his office in April 1999, for heart palpitations and crying spells. Respondent gave her a general check-up and started her on Zoloft, based on his preliminary diagnosis that ED suffered from generalized anxiety with depression.
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> 5. Between April and October 1999, ED had eight office visits with Respondent, most of them primarily related to psychiatric issues - palpitations, anxiety, depression - and, in addition to Zoloft, he wrote her a prescription for ten Xanax.
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> 6. In October 1999, on an occasion when ED stopped at Respondent's office to pick up a referral, he invited her to his consultation room where she said that she was attracted to him and initiate physical contact by sitting on his lap.
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> 7. Later that evening ED contacted Respondent via his beeper and they met and had sexual intercourse either that night or soon thereafter.

8. In the following months, the couple had sexual intercourse frequently in Respondent's office after normal patient hours.

9. Respondent attempted to end their physician-patient relationship on December 24, 1999, by giving ED her medical records, after treating her for respiratory problems.

10. Their sexual relationship continued until December 2000.

11. Respondent provided medical care to ED out of the office, on two occasions after December 24, 1999.

12. Respondent had sexual intercourse with ED on multiple occasions while ED was his patient and during a period before two years had elapsed since he last rendered professional service to ED.

In the motion, the Attorney General contended that respondent had engaged in professional misconduct by reason of his sexual relationship with ED. The Attorney General proffered several different scenarios under which the Board could find that respondent engaged in sexual misconduct for the entire fourteen-month period of his sexual contact with ED. The Attorney General first argued that respondent engaged in sexual misconduct as a year had not passed from the last professional service rendered, assuming the termination regulation was not adhered to by respondent. A second alternative was that respondent provided psychotherapeutic services to ED, therefore requiring a minimum of two years after termination before he could begin a sexual relationship with a patient. Finally, the Attorney General argued, assuming that the Board were to find that respondent terminated the patient physician relationship on December 24. 1999, at the very least, a sexual relationship contrary to the provisions of the regulation existed from October 1999 through January 2000.

In his responsive papers, respondent did not refute any of the material factual allegations, but rather stressed that respondent and ED had a consensual romantic relationship that began during the time that respondent was treating ED as a patient. He argues that he was not providing psychiatric treatment to ED and that although he did not comply fully with the requirements of the termination regulation, respondent "substantially" complied by giving ED her patient records on or about December 24, 1999 and advising her to find another physician. Moreover, respondent argues that the patient-physician relationship should not be found to be extended by respondent providing cough syrup and removing a splinter from ED's foot, but instead should be viewed to have existed for only two months. Respondent contends that the Board should look at the entirety of the relationship between himself and ED. He argues that he was not a "rogue physician groping or abusing his patients" but rather this was a fully consensual romantic relationship that was intended to be long term. Although respondent concedes this is not a defense to a violation of the regulations, he contends that it is still a factor in how the Board should view the matter.

On February 13, 2008, the Board entertained argument on the motion for summary decision. The Attorney General reiterated the argument found in the briefs, that there were no genuine issues of fact to be determined. DAG Michael Rubin argued that the prohibition on sexual relationships between patient and physician has long been in existence. There is no dispute that respondent has engaged in sexual misconduct by having a relationship with ED while ED was his patient. The only possible dispute is the length of time the violation existed, although the Attorney General's position was that the violation existed for the full fourteen months of respondent's relationship with ED. Counsel

for respondent reminded the Board that respondent did not lie or attempt to hide the truth of what happened. Mr. Conroy argued that respondent effectively terminated treatment with ED, and that the simple acts of removing glass from ED's foot and providing her with cough medicine were more akin to home treatment of family members rather than ongoing medical care. Moreover, he argued that simply prescribing medication for ED did not make respondent a psychiatrist or one providing psychotherapeutic services to ED

Following oral argument on the motion, the Board found there were no genuine issues of material fact to be determined and that the moving party was entitled to prevail as a matter of law pursuant to N.J.A.C. 1:1-12.5(b). The Board's conclusion is amply supported by respondent's sworn admissions at the investigative inquiry and the admissions contained in his answer to the Complaint.

Specifically, at the inquiry, respondent testified that ED came in as a patient in April of 1999, initially presenting for a general checkup. She also presented with heart palpitations; respondent started her on Zoloft and sent her for a stress test after referring her to a cardiologist. He wrote prescriptions for Xanax when ED mentioned she was nervous around certain neighbors at a meeting Respondent's initial diagnosis was generalized anxiety disorder with depression, and he thought that the heart palpitations were related to panic attacks with generalized anxiety. When asked if he treats a lot of depression and psychological diagnoses in his practice, he indicated that he always refers, and that he referred ED multiple times to a psychiatrist or psychologist, because he believes that someone needed to reinforce for her how important it was to take her medication.

As to the relationship, respondent testified at the inquiry that ED admitted that she was attracted to respondent, and that he was attracted to her. He stated that his intent was to talk to ED, see how she felt and pursue the attraction with the goal of some type of personal relationship. Respondent admitted that, through friends, he realized it was wrong to have a personal relationship with ED while also seeing her as a patient. On December 24, 1999, ED came in for an office visit, but that day he also gave ED her medical records and advised her to find another physician. He also conceded that on other occasions, he sometimes took her something for a cough from his office, and one time she stepped on glass and he removed it. He maintained no office records of any of those treatments.

During the inquiry, respondent described in detail the sexual relationship he had with ED. He indicated that the sexual relationship began within ten days of ED expressing her attraction to respondent, and they began a regular sexual relationship. Respondent also indicated that ED had generalized anxiety disorder and agoraphobia, so that he felt that a psychiatric referral was appropriate. Respondent claimed that during their relationship, he discovered ED had experienced incest and sexual abuse in her relationship with her family.

Respondent admitted that at the time of the relationship he did not see a boundary issue with ED, and at the time of the hearing, acknowledged that his thought process was incorrect. He simply thought that ED was very attractive and it did not occur to him that he should not treat ED as a patient until a friend who is a physician advised that respondent should not treat her.

Based on this testimony, the Board finds that respondent treated ED for a variety of ailments, including anxiety, depression, agoraphobia, and heart palpitations. The uncontroverted facts establish that the doctor-patient relationship began in April 1999. The

sexual relationship between respondent and ED began in October 1999 while the doctor patient-relationship existed, in violation of N.J.A.C. 13:35-6.3(c) and N.J.S.A. 45:1-21(e) and (h).

The Board's regulation on sexual misconduct states that a licensee "shall not engage in sexual contact with a patient with whom he or she has a patient-physician relationship". N.J.A.C. 13:35-6.3(c). In addition, it is not a defense to an action under the regulation that the patient consented to sexual contact or that the licensee was in love with the patient. The parties agree that the sexual relationship between ED and respondent began while ED was a patient, but the parties disagree as to how long the patient-physician relationship was deemed to exist based on the other provisions of 6.3(c). The Board finds that it is not necessary to determine with precision the length of the patient-physician relationship in order to resolve this matter. It is beyond dispute that respondent engaged in sexual contact with ED during the time a patient-physician relationship existed, and that the relationship continued for some period of time when all agree ED was respondent's patient. The Board therefore finds that there is no genuine issue as to any material fact, and that the Attorney General's motion for summary decision pursuant to N.J.A.C. 1:1-12.5 is appropriately granted. Having determined that grounds exist for disciplinary action, the Board then ordered the parties to proceed to the mitigation phase of the hearing.

In mitigation, respondent introduced a bound volume of exhibits, containing almost 170 letters of support for Dr. Dendrinos from the medical community, the clergy, the community at large, and respondent's patients. Although the documents were uncertified letters, the parties consented to the entry of the documents into evidence, and the Board has reviewed the material and weighed the evidence.

Some of the individuals that wrote letters of support also attended the hearing and testified on respondent's behalf. The Board heard testimony from Father R. Nicholas Raphael II, respondent's parish priest; Jack Shields, M.D., the campus vice president of the Regional Medical Center and a colleague of respondent; Pan Kaskabas, a local business owner and long-time friend of respondent; Albert Gonzalez, a cousin of respondent's wife and long time friend of respondent; Clifton and June Brooks, patients of respondent, whose family are also respondent's patients; Howard Levin, a patient of respondent who also testified concerning respondent's treatment of his elderly mother; Christina Clay, a friend of respondent's wife who provided medical billing services to respondent; Michael Villani, M.D., a colleague of respondent; and George Darios, a friend of respondent. All of these witnesses testified as to respondent's skills and competence as a physician and family practitioner, his involvement with the church and the Vineland community as a whole. These witnesses paint a picture of a physician who is attuned to the needs of his patients and is always available to address their cares and concerns.

The Board then heard the testimony of respondent at the hearing. Respondent began by apologizing for his mistake. He explained that he and his wife were going through a rough time after their third child. ED came into his office; he permitted her to sit on his lap and allowed the relationship to become intimate, but he admitted he has no idea why he did so. Respondent characterized his behavior as the "stupidest thing [he's] ever done." He stated that he has paid for the affair emotionally and realized how bad things were after he returned to his wife and his marriage.

The final witness in mitigation was Denise Dendrinos, respondent's wife. She testified that the affair between respondent and ED was a two-sided adult relationship that

was serious enough to result in a marital separation for approximately one year. She maintained a good relationship with respondent during the separation for the benefit of their children. She explained that they began counseling to try to address their relationship to ensure that their children would be able to handle their separation, but while in counseling, they realized the separation was a mistake. Mrs. Dendrinos asserted that she and respondent have been back together for more than seven years, but this incident is still "hanging over their heads." She asserted that she does not believe this behavior will recur, as respondent is more careful.

In closing, counsel for respondent reminded the Board of the enormity of the community support given to respondent, including the approximately forty patients that attended the hearing and the volume of letters submitted into evidence. Counsel asserted that the Board should send a message in this case by imposing a period of inactive suspension sufficient to impress on everyone the importance of the issue, a boundaries course and a period of community service.

DAG Rubin argued that sexual misconduct destroys patient trust in physicians and compromises the physician's objectivity. He asserted that it is unfair to paint the patient as a villain; the element of power that a physician has over a patient should not be disregarded. He concluded by urging the Board to impose meaningful sanctions on respondent.

DISCUSSION

For many years prior to the 1995 adoption of the sexual misconduct regulation, the Board found sexual contact with a patient violated the statutory proscription of professional misconduct and/or gross or repeated malpractice, pursuant to N.J.S.A. 45:1-21(c), (d) and

(e). Respondent's conduct in this matter violated not only the Board's statutes and regulations but also the Hippocratic Oath, the very bedrock of the medical profession's code: ". . . I will come for the benefit of the sick, remaining free . . . Of all mischief and in particular of sexual relations with both female and male persons. . . " Indeed, respondent's conduct also violated the Code of Medical Ethics of the Council of Ethical and Judicial Affairs of the American Medical Association, reiterated in the policy statement of the Board's regulation, which provides that "sexual or romantic interactions between physicians and patients detract from the goals of the physician patient relationship, may exploit the vulnerability of the patient, may obscure the physician's judgment concerning the patient's health care, and ultimately may be detrimental to the patient's well being."

Respondent's belief that sexual relationships with patients were not wrong, as evidenced by his conduct and admission that it was not until colleagues told him that he should not be treating ED if they were in a sexual relationship, is at best, extraordinarily troubling. That the patient consented or respondent believed himself to be in love with ED at the time are not defenses to respondent's conduct. There can be no consensual sexual relationship between a physician and a patient. Any such relationship is inherently coercive, as the physician is in a superior position of power and knowledge of the vulnerabilities of his patient. Even if the Board accepts respondent's position that he terminated the patient-physician relationship by giving ED her medical records on December 24, 1999, respondent engaged in sexual misconduct with ED for at least three months, as an attempted termination would not be effective for thirty days. Accepting the argument of the Attorney General that respondent failed to comply with the legal requirements of termination, provided certain medical services after termination, and

provided some psychiatric or psychotherapeutic services to ED, it would appear that the patient-physician relationship extended well beyond that three-month period. Given the evidence in the record before the Board on this motion and the Board's findings above, although some indicia exist that respondent provided care for psychiatric issues presented by ED, the Board finds it unnecessary to address whether N.J.A.C. 13:35-6.3(c)1 applies and declines to resolve the issue of the precise length of the patient-physician relationship.

In its consideration of the entirety of the evidence, the Board is mindful of the mitigating circumstances presented. The sexual misconduct that occurred with ED appears to be a single occurrence, albeit a repeated and continuing act. Since that time, respondent has rebuilt his marriage and his life with his wife and family, and his current remorse appears genuine. The substantial community support and the many witnesses who submitted letters, attended the hearing, and testified, or were prepared to testify, on respondent's behalf is also something to be considered. Although the violations occurred long ago, the Board believes the conduct is sufficiently serious to warrant a period of active suspension and a period of probation, along with reeducation on medical ethics and maintaining appropriate boundaries with patients. In determining penalty, the Board individually weighs each case's specific mitigating and aggravating factors. The public relies upon the Board to review physician conduct and impose discipline where required. Patients are vulnerable to their physicians, as they discuss private thoughts and personal concerns and issues. Patients must be reassured that their physician will act only in their best interests, and the regulated community must be reminded that any sexual relationship with a patient is improper and unacceptable. In this case, based on the undisputed facts

before and the mitigation presented, the Board finds the current result to be appropriate. Therefore,

IT IS ON THIS 3RD DAY OF APRIL , 2008,

HEREBY ORDERED:

1. Respondent's license to practice medicine and surgery in the State of New Jersey shall be and hereby is suspended for a period of three (3) years beginning March 14, 2008. The first sixty days of the suspension shall be active, with the remainder to be stayed and served as a period of probation, contingent on compliance with the terms of this Order and the laws governing the practice of medicine and surgery in the State of New Jersey. No credit shall be given toward the active suspension for any period of time during which the doctor is practicing medicine in another jurisdiction or state.

2. Respondent shall successfully complete courses in boundary issues and ethics to be pre-approved by the Board. Respondent shall submit the specific courses proposed to satisfy this requirement to the Board for approval within sixty (60) days of the entry of this Order. These courses are in addition to the regularly required continuing medical education hours. Respondent shall provide the Board with proof that he fully attends and successfully completes each course taken within one year of the date of this Order.

3. Respondent is hereby assessed civil penalties in the amount of $10,000 for the conduct described herein. Payment of the civil penalties shall be submitted by certified check or money order made payable to the State of New Jersey and shall be sent to William Roeder, Executive Director, Board of Medical Examiners, P.O.

Box 183, Trenton, New Jersey 08625-0183 within thirty days of the entry of this Order. Subsequent violations will subject respondent to enhanced penalties pursuant to N.J.S.A. 45:1-25.

4. The Board reserves the right to award reasonable costs and attorneys' fees in this matter. The Attorney General is directed to file any application for costs and attorneys' fees no later than March 14, 2008, and respondent shall have fifteen (15) days thereafter to respond to the application. The Board will consider the application on the papers, and a subsequent order will issue.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

Mario A. Criscito, M.D.

By:_____
Mario Criscito, M.D.
Board President